



Application for Assistance (Glasses/Exams only)

Club Name _____

Have you received assistance from Lions Clubs in the past? Yes No

Date of Birth _____.

Driver's License or State ID # _____.

First Name _____ Last Name _____.

Home Address _____, City _____

County _____, Zip Code _____.

Home Phone _____ Cell Phone _____,

Work _____.

Social Security Number _____.

Email address _____

U.S. Citizen? Yes No How long have you lived in Alabama? _____.

How many people live in your home? Adults _____ Children _____

Do you have any of the following? (Attach copy of card)

MEDICARE _____ MEDICAID _____ COOPER GREEN _____ PRIVATE
INSURANCE _____

Do you receive food stamps? Yes No (Attach copy of award letter).

Is any person or agency helping pay your bills? (Attach NOTORIZED letter from anyone helping you).

As of today, how much does your household/family have in:

Cash _____, Checking _____, Savings _____, Other accounts _____.

Year/Make/Model/ and value of all vehicles owned.

_____.

All monthly income (Please attach proof of all income). Wages _____, Social Security _____, Disability _____, Child Support _____ Other _____.

List all monthly amounts of any of the following expenses incurred by any member of your household.

Rent/Mortgage Pmt. _____ Home Insurance _____, Other _____.

Food _____, Electricity _____, Gas _____, Water _____,

Charge Cards _____, Loans _____, Home Phone _____, Cell Phone _____, Cable or Satellite _____, Doctor _____, Prescriptions _____,

Hospital Bills _____, Insurances _____.

Has Patient been seen by and Optometrist or Ophthalmologist within the last two years?

Yes ___ No ___

Name of Doctor _____.

IMPORTANT: READ CAREFULLY:

It is required that this form be signed by each applicant, or by the parents or legal guardian, if applicant is not of legal age in accordance with the laws of the State of Alabama.

I understand that Alabama Lions Sight and Local Lions Clubs in the state, the legal right to deny services if any of the about information is found to be untrue. I also understand that I will be responsible for any expenses incurred if services are denied for the above reason.

X _____ X _____

Signature of Applicant (Parent or Guardian)

Witness

DATE _____.

